Justice Institute
BRITISH COLUMBIA

Submit to:
Financial Aid Office
Justice Institute of British Columbia
715 McBride Boulevard
New Westminster BC V3L 5T4
Email: financialaid@jibc.ca
Confidential fax: 604.528.5653

Press for Progress Award

Personal Information

First Name _____ Last Name _____

Gender ☐ M ☐ F ☐T D.O.B. _____

Apt/Unit/PO Box _____

Address _____

City _____ Postal Code _____

Phone #1 _____ Phone #2 _____

Email _____

JIBC Student # _____ Social Insurance # _____

I am: ☐ Status ☐ Non-Status ☐ Métis ☐ Inuit

My Indigenous Ancestry (e.g. Cree, etc.) is: _____

_____

Do you have a permanent disability? ☐ Y ☐ N

Academic Information

JIBC Program Name (program **must** be a minimum of 10 credits)

_____

Program Start Date _____ Program End Date _____

Career Goal _____

Previous Education:

High School
(name) (date completed) _____

_____

Post-secondary
(name) (date completed) (level achieved) _____

_____

Other Licenses (titles) _____

Financial Profile

Please provide a brief outline describing how you are funding your program of study and how this award will help you financially with attending your program.

_____

_____

_____

_____

_____

_____

Personal Profile

In paragraph form, please describe how this award will make a difference in achieving your goals as it pertains to you advancing your education.

Community Involvement

Please outline how you have contributed to changing the status quo to foster equality and inclusivity through your community involvement. Please include organization name(s) and dates for your role(s). (Attach additional pages if needed)

Letter of Reference

Please provide the name and telephone number of the person who will be providing a letter of reference regarding your community involvement. This individual should be qualified to speak on how you have been fostering equality and inclusivity. Provide the reference form to your referee in sufficient time for them to return it by the deadline. Your reference could be a teacher, principal, coach or supervisor but not a family member.

Name: _____ Phone number: _____

Declaration

Any misrepresentation will result in a penalty which could include, but is not limited to, expulsion from my program, ineligibility to be considered for future awards and forfeit any outstanding awards. Furthermore, the JIBC Registration Office maintains the right to withhold grades and official transcripts and to put a notation on my permanent record. I hereby declare that the information given on this application is, to the best of my knowledge, correct and that I have read and understood the directions at the beginning of this application. I authorize the JIBC Registration Office to verify any or all of the above statements if deemed necessary.

I understand that:

1. The JIBC award selection committee appointed will review my application.
2. I must maintain satisfactory completion of courses in my program.

I give permission to the JIBC Registration Office:

1. To use information from my Income Tax Return to verify information on my award application.
2. To consult its own Student Information System for the purpose of ascertaining my academic standing and cumulative credits; also to confirm my status as either part-time or full time and to confirm my field of study.

_____ _____

Signature of Applicant Date

Please return the completed application, plus any documentation, to one of the below:

Student Awards & Financial Aid Office
Justice Institute of British Columbia
715 McBride Boulevard
New Westminster BC V3L 5T4

Fax: 604.528.5653
Email: financialaid@jibc.ca